

03104
20427 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.:	BCS03163
	First Inventor:	Horoschak
	Title:	System and Method for Time Shifting Selective Content From an Audio Broadcast
	Express Mail Label No.:	EV317194405 US

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 3. <input checked="" type="checkbox"/> Specification [Total Pages 15] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R & D -Reference to sequence listing, a table, or computer program listing appendix -Brief Summary of the Invention -Brief Description of the Drawings (<i>if filed</i>) -Detailed Description -Claim(s) -Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 1] 5. Oath or Declaration [Total Sheets 3] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) <ul style="list-style-type: none"> i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS <ul style="list-style-type: none"> 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>) 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PT-1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____ 		
		18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:	
		<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in- Part (CIP) of prior application No. _____	
		<i>Prior application information:</i> Examiner: _____ Art Unit: _____	
		For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.	

19. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number _____		or	<input checked="" type="checkbox"/> Correspondence address below		
Name	Motorola, Inc.				
Address	101 Tournament Drive				
City	Horsham	State	PA	Zip Code	19044
Country	USA	Telephone	215-323-1798	Fax	215-323-1300
Name	Esteban A. Rockett		Registration No.	P-55,578	
SIGNATURE			Date	March 1, 2004	

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FEE TRANSMITTAL

Patent fees are subject to annual revision

Applicant claims small entity status. See 37 CFR 1.27

Complete if Known

TOTAL AMOUNT OF PAYMENT

(\$ 828)

Application Number	Unknown
Filing Date	Unknown
First Named Inventor	Horoschak
Examiner Name	Unknown
Group Art Unit	Unknown

Attorney Docket No. BCS03163

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number	502117
Deposit Account Name	Motorola, Inc.

The Director is authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application	
<input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.	

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee	Small Fee Code	Entity Fee Code	Fee Paid
1001	770	2001	385	Utility filing fee
1002	340	2002	170	Design filing fee
1003	530	2003	265	Plant filing fee
1004	780	2004	385	Reissue filing fee
1005	160	2005	80	Provisional filing fee

SUBTOTAL (1) (\$ 770)

2. EXTRA CLAIM FEES

Total Claims	Previously Paid**		Extra Claims	Fee from below	Fee Paid
	2	1	= 20	= 1	X 18 = 18
Independent Claims	2	1	= 3	=	X 86 = -

Multiple Dependent

290 =

Large Fee Code	Entity Fee	Small Fee Code	Entity Fee Code	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	* Reissue independent claims over original patent
1205	18	2205	9	* Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 18)

**or number previously paid, if greater; For Reissues, see above.

SUBMITTED BY

Name (Print/Type) Esteban A. Rockett

Signature

Registration No. P-55,578 Telephone 215-323-1798

Date MARCH 1, 2004

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